

10th. Granulations have again sprung up, and the wound has a more healthy appearance. Diarrhœa has ceased.

12th. Found my little patient comfortable and happy. The wound has closed considerably since my last visit. The fecal evacuations have passed by both anus and wound. On the evening of the 10th his urine passed by penis, and the same has occurred twice since.

20th. During the last four days the patient has passed most of his water by the penis; and for the last twenty-four hours all of the feces have passed per anum. Has sat up a portion of each day during the last week.

March 2. Since the last date there has been little or no improvement in the wound. A small portion of urine and feces have continued to pass through it. I this day covered some lint with blue ointment, and passed it up the wound as far as I could on the end of a probe.

17th. The mercurial ointment has been applied several times since the last date, and the wound has externally assumed a healthier and firmer appearance. The sinus is now about the size of a small quill.

April 8. The fistula has diminished so much in size that no opening can be perceived, unless it is very closely examined. A very slight oozing from it continues; and during the last week, while the patient had a diarrhœa, the water that passed from the wound was slightly coloured, as if it were mixed with some feces; so that it is probable the opening in the rectum has not entirely closed. The patient's general health is good, and he runs about and plays very actively.

I had for some time past concluded that the operation for fistula in ano would have to be performed to relieve him from the result of this comparatively slight, yet serious accident, during the operation of lithotomy. But my own health being again on the decline, I left my little patient under the care of the family physician, and soon afterwards sought health for myself in the more northern clime of Michigan.

*Remarks.*—I have endeavoured to give a faithful record of this case, even at the risk of the charge of unskilfulness in the operation. It has appeared to me that if the errors and accidents of practice were more generally recorded, practitioners could profit more by such records than by those of perfectly successful cases. Whether the peculiar contraction of the bladder in this case was unique or otherwise, I cannot say; but I have never seen or heard of any such occurrence. And in the first operation for lithotomy, it appears to me that it would be embarrassing in the hands of any one. The early occurrence of the diarrhœa most probably prevented a union of the small incision in the rectum immediately after the operation; and the frequent recurrence of it subsequently, no doubt greatly retarded the cure. Some surgical authors speak of such accidents as unimportant; perhaps they may generally prove so; but this instance proves that such is not invariably the case. And if the record of this case shall prove of service in any future operation, I shall feel gratified in having recorded it.

#### DOMESTIC SUMMARY.

*Yellow Fever in Philadelphia in the Summer of 1853.*—Dr. WILSON JEWELL, who, from his position as a member of the Board of Health, had the best opportunities for investigating the history of the outbreak of yellow fever in Philadelphia during the past summer, has given, in a paper read before the College of Physicians at their meetings in August, September, October, and November

last, a very full and interesting account of the origin and progress of this epidemic.

During the month of July last, he remarks, "our unusually healthy city was thrown into a state of great excitement, from a suspicion that yellow fever, with its fearful concomitants, threatened once more, after an absence of the third of a century, to find a 'local habitation and a name' in our midst.

"A careful investigation into the circumstances giving rise to this alarm, has resulted in the development of the following facts, having a direct bearing upon the origin and history of this much dreaded visitation:—

"On the 25th of June last, the barque Mandarin, Capt. R. N. Campbell, sailed from Cienfuegos, Cuba, for this port, all in good health, with a cargo of sugar, molasses, and cigars. Her crew consisted of twelve men. On arriving at the Lazaretto, July 12, after a passage of seventeen days, she was visited by the officers at the station, and, on oath, the captain reported 'cases of small-pox and fever' at Cienfuegos when he left. That he had lost two of his crew on the passage with fever. The statement of the Lazaretto physician is, that 'the crew, numbering ten souls, were examined and proved to be in good health; notwithstanding this, it was considered prudent that the barque should be detained until thoroughly ventilated, cleansed, and fumigated; the bedding and clothing of the deceased sailors were destroyed, the vessel whitewashed and fumigated in every part with chloride of lime, the bedding of the crew aired, and their clothing washed; she was detained an entire day; and, before being allowed to proceed to the city, all on board were separately and minutely examined; all hands were on duty, and apparently free from disease. The captain spent a portion of the day on shore, and before being permitted up, declared on oath that 'all on board were in good health,' and that no sickness, except that resulting in the death of the two seamen, had occurred during the voyage.

"On the evening of the 13th, the Mandarin reached the city, and came to at South Street wharf. On the 16th she was hauled up to the lower side of the first pier below Lombard Street, where she discharged her cargo. The crew having been previously discharged, the captain and mate remained by her, sleeping on board. On Wednesday morning, July 20, seven days after her arrival, she dropped down to the lower side of the first pier above Almond Street, where she remained until the 26th, when she was removed by order of the Board of Health to the cove below the Navy Yard, from whence, on the 28th, she was remanded to the Lazaretto, in order to undergo a more rigid and thorough purification.

"There was no development of disease of a malignant type in the vicinity of where this vessel lay, as far as has been ascertained (and the strictest inquiry has been instituted by Dr. Gilbert, the Port Physician, to whose politeness we are indebted for many of the facts here recorded), either before or during the time of discharging her cargo, and it is still to be made known that any of her sailors, or any of the labourers employed in removing her cargo, have since been sick.

"There appears to have been no cause for alarm until the cargo was out of the vessel, when it was noticed that a very offensive smell proceeded from her hold. After she dropped down to the pier at Almond Street wharf, on Wednesday morning, the 20th, the stench became intolerable, especially whenever the pumps agitated the bilge-water, contained under the limber planks or flooring of the hold."

On the 19th of July, the day before the Mandarin left her position at Lombard Street wharf, the first suspicious case occurred in the neighbourhood, and from that period the disease extended. Dr. Jewell has carefully investigated the cases, and given a summary of them in the order of their occurrence.

"Before the arrival of the Mandarin, and up to the 19th of July, the day on which the first case of fever occurred, the vicinity of South Street and the wharf, as well as the entire city, enjoyed its usual degree of health. Certain it is, that no epidemic was prevalent. For the week ending July 9, the deaths in the city and liberties were 229, and only one death from fever of a bilious type. For the week ending July 16, there were 206 deaths, including one from

intermittent fever. For the week ending July 23, there were 218 deaths, of which four were from fever. Three of these were in children; one was recorded fever, one bilious, one congestive, and one remittent.

"As yet, no one with whom we have conversed has ventured to intimate a doubt as to the agency of some uncommon and virulent poison, diffused through the atmosphere, as the pestilential cause of the malignant or yellow fever, a few cases of which have made their appearance recently in the vicinity of South Street wharf.

"The essential character and origin of this poison may afford an opportunity for the speculative inquirer to indulge anew, either in an effort to demolish some favourite, though long established, yet not the less false theory of the origin of malaria, or to build upon the ruins of theories, once accredited as ingenious and popular, some more modern system of causation, which, as we advance in medical science, may be destined to meet the fate of those which have preceded it, however elaborately and industriously they may have been exemplified and sustained.

"But, while we leave the discussion of this subject to others, it will not, we conceive, be questioned, when all the facts are clearly and minutely examined into, that this poison, whatever may be the nature of its character, must in part be ascribed to a morbid effluvia generated under the limber planks in the hold of the barque Mandarin, from the putrescent state of her bilge-water.

"Upon the first glance at the Mandarin, and the history of her voyage previous to her arrival at Philadelphia, the advocates for a contagious germ for yellow fever, or, in other words, a principle emanating from the sick, and capable of being conveyed from one person to another, as the focus for the fever which has threatened our city, may imagine they have discovered another instance in support of their favourite theory. This, however, we are persuaded, can hardly be the case, although we are desirous that a careful review of the facts connected with this ill-fated vessel should speak for itself.

"The Mandarin left Cienfuegos on the 25th of June, with a healthy crew. No epidemic was prevailing there when she sailed, although the captain, on oath, admits that a 'few cases of smallpox and fever' did exist. He states that his crew lived on board the barque while in port, anchored off the town, were seldom on shore, and, as far as his knowledge extended, none of them had visited among the sick.

"The captain admits that the hold of his vessel had often been in a foul condition, as all vessels were that carried cargoes of sugar and molasses. Eight days out from Cienfuegos, July 3, one of the seamen sickened with fever, and died on the 7th. On the ninth day at sea, July 4, another took sick with fever, and died on the 9th, being the fifth day of his illness. This last man was thrown overboard after the vessel was within the capes of the Delaware."

"Upon the authority of a highly respectable shipwright, who, in his official capacity, very carefully examined the Mandarin," Dr. Jewell learned "that her pumps are so constructed as to render it impossible to remove all the water in her hold. Being a tight vessel, the bilge-water remaining in her will smell in a very few days after pumping her clean. His language is: 'If you draw those pumps every five minutes in the day, there must remain in her twelve inches of water. My opinion is, that the pumps do not go down low enough; they do not go down within twelve inches of the keel, whereas they ought to be at least eight inches lower.'

"We present this fact in evidence of the impure state of the hold of the Mandarin, six days after she was pumped clean at the Lazaretto.

"In addition, however, to the prevalence of the morbid atmosphere which we have clearly shown developed itself on board the Mandarin—but not until her cargo was discharged—and which so sensibly affected individuals on approaching her when she lay at Almond Street wharf, we must not for a moment conceal the existing causes in the immediate vicinity of South Street wharf, sufficient to justify the supposition of their agency, in the development of disease of a malignant type, when subjected to the high thermometrical influence which prevailed throughout the months of June and July. Not the least mischievous of these causes in the production of an unhealthy atmosphere,

was the outlet of the sewer into the dock at South Street ferry, belching forth continually putrid masses of animal and vegetable filth, accumulating around its mouth, and exposed at low water to the rays of the sun, exhaling streams of unwholesome and poisonous gases into the surrounding air. Besides this agent, there was a most foul wharf at the upper side of South Street; a filthy avenue, between Lombard and South Streets, without any properly-constructed surface drainage; numerous damp and confined cellars subject to an occasional overflow by the ebbing and flowing of the tide-water of the Delaware; and various minor causes that might properly be added to the above category, fruitful in the production of atmospherical changes injurious to health.

"In summing up, however, there is one prominent feature in the chain of our narrative that must not be passed by without notice, viz:—

"No yellow fever existed in our city until six days after the arrival of the Mandarin; that it broke out immediately abreast of the wharf where she first hauled to, and, although there were existing causes in the vicinity—on shore—for the production of disease, there were "plague spots" in other parts of our city, remote from South Street wharf, where, had the question been asked, we should have unhesitatingly located the first appearance of fever of a malignant type, independent of the suspected existence of a foreign focus of infection, competent to exercise its morbid influence on an atmosphere already tainted.

"In presenting the above, it is proper to say that we are influenced solely by a desire to arrive at the true cause for the origin of the yellow fever in our city. That we are no blind adherent to any favourite theory for the spontaneous or domestic origin of yellow fever, nor yet an uncompromising opponent of those who advocate the doctrine of a contagious principle, capable of being carried about from place to place, and under a train of favourable circumstances, productive of disease. An honest inquirer after truth, we would disguise no fact, that might tend in any way to elucidate a question so intricate, that for years it has been controverted by the ablest pens in our profession, and yet remains a mystery."

The whole number of cases of yellow fever registered from July 19 (when the first case occurred) to October 7, the date of the last case, was 170. Of these, 128 were fatal, making a mortality of 75 per cent.

"Of the 170 cases, 147 may be traced directly to the infected locality, or its immediate vicinity. Twenty-two are of doubtful or unknown origin; while in one instance, that of Matthias Pettigrew, the disease was contracted at the Lazaretto station, where he had been at work on board the ship Caledonia Brander, from New Orleans."

"One hundred and eighteen of all the cases reported were treated in private practice; twenty-four at the Pennsylvania Hospital, eighteen at the Blockley Hospital, seven at the Bush Hill or City Hospital, and three at St. Joseph's, on Green Hill.

"In no instance can it be shown that the disease has spread from those labouring under the fever. At the Pennsylvania Hospital, the yellow fever cases were intermixed in wards with numerous other patients, some ill, and others convalescing from disease, but not an individual, either among the patients, nurses, or visitors, contracted the fever. The like immunity was observed with the cases treated in the Blockley, St. Joseph's, and Bush Hill Hospitals. In private practice, although numerous cases were attended away from the infected portion of the city, we have yet to learn that the disease, in a single instance, was propagated from the sick to the well, although there was an unrestrained intercourse between the patients and their immediate friends.

"The only case that bears any resemblance whatever to the disease being communicated from patient to attendant, is that of Daniel Shanahan's wife. These people resided in North Front Street, near Callowhill, full a mile and a half north of South Street, but within a few rods of the Delaware front. No history could be obtained from Daniel as to where he contracted his disease, as he was in a dying condition when first seen. His business, however, was to put coal in cellars, in various parts of the city. He died on the 30th of September with

<sup>1</sup> This vessel had yellow fever on board when she arrived.

black vomit, after six days' illness. His wife, Mary Shanachan, who took care of him, sickened on the 28th, four days after her husband, and died in the City Hospital, on the 1st of October, with black vomit. The examination of her body, after death, left no doubt as to the genuine character of her disease. This woman declared that, so far from visiting the vicinity of South Street, she had not even crossed the threshold of her own door for several weeks, having a family of small children around her. The room she occupied, the third story front of an unfinished warehouse, was very filthy, but large, and by no means confined. The whole upper part of the building was rented out, in rooms, to different families of the low order of Irish; everything around presenting poverty, rags, and filth. This case of Mary Shanachan is one of those that the advocates for contagion would readily seize upon to sustain their peculiar views; but a careful review of all the circumstances that enter into its history, will set at rest the least suspicion that the wife contracted the disease from her husband.

"On the 22d of the same month (September), Michael Palmer, residing in Willow Street, two doors west of Front Street, and about one square north of Shanachan's residence, was taken ill with yellow fever. This man unhesitatingly declared that he was not acquainted with the lower part of the city; did not know that he had ever been in the vicinity of South Street wharf; was a shoemaker; worked in Front Street above Noble, and was not in the habit of going anywhere else, but from his shop to his residence in Willow Street. He had no knowledge of Shanachan's family. The question will be asked, where did Palmer contract his fever? Not from contagion, nor from a visit to the infected district, but from a residence in the immediate vicinity of Willow Street wharf, where the culvert along Pegg's Run empties into the Delaware, which outlet, at low tide, is fully exposed, and where at all times there is a large deposit of putrefying vegetable and animal remains. This state of things, with the intense heat of the weather, aided, in all probability, by an epidemic influence stealthily creeping along the wharves from the infected locality, was doubtless the cause, not only of Palmer's sickness, but also Shanachan's, as he must have passed this culvert daily, on his way to the coal-yards at Noble and Green Street wharves, where he was in the habit of obtaining employment. His wife, no doubt, contracted her disease from the same source of infection, as her statement was not confirmed that she had not been out for weeks; and if it had been, she was sufficiently near to have inhaled the poisoned atmosphere without abating herself from home. Had it been from a contagious principle emanating from her husband's person, the general period allotted for the process of incubation had not expired before she was taken sick, on the fourth day after her husband. And under the circumstances in which the house and the several families occupying it, in all their filth, were situated, we should certainly have looked for other cases of fever, there being free and direct intercourse between all the inmates. Not another case, however, happened within these premises. Hence, we conclude that the origin of Mary Shanachan's fever is as fully established as that of her husband and Palmer's; that contagion played no part in the drama; but that a miasmatic constitution of the atmosphere existed in that vicinity, from the inhalation of which these individuals contracted the fever, resulting in the death of two of them.

"Ninety of all the cases were accompanied with black vomit; equal to 53 per cent. Of these, all died except four, viz. John Reehil, aged 20; Ellen Parr, aged 20; Mrs. Lindsay, aged 28; and James Sweeny, aged 12. The genuineness of the discharge in Ellen Parr's case has been doubted, as stated in a former communication. As black vomit has generally been considered to be a fatal symptom in yellow fever, we should always have some hesitation in relying upon the evidence of recovery after it has occurred, however high the authority from which the statement comes, unless the matter has been carefully submitted to the field of the microscope, and blood-corpuscles found therein.

"The sexes suffered nearly alike from the effects of the fever; the preponderance, however, being on the side of the males. Ninety-three of the cases on record were males, and seventy-seven were females.

"A large proportion of those attacked were foreigners, viz. 102. Of these, 62

were born in Ireland, 19 in Germany, 18 in England, 1 in Scotland, 1 in France, and 1 in Spain. The remainder (68) were natives of the United States.

"The coloured population appear to have been specially exempt from the disease. We have not on record a single case, nor could we learn of any black person having had the fever. This supposed immunity of the coloured race from attacks of yellow fever has been elsewhere observed; but in the fever of 1793, in this city, Dr. Rush says, they took the disease in common with the white people."—*Summary of Transactions of the Philadelphia College of Physicians*, N. S. Vol. II., Nos. 2 and 3.

*Pulsating Tumour of the Occiput.*—Dr. JOHN NEILL, one of the Surgeons of the Pennsylvania Hospital relates (*Med. Examiner*, Feb. 1854) a very interesting and unusual case of this kind.

The subject of it was a man 70 years of age, admitted into the Pennsylvania Hospital April 28, 1853. According to his own statement, he had had, for many years, a small, hard tumour upon the right side of the back part of his head, which never pulsated or gave him any pain till about five months previous to his admission, when, accidentally pressing the tumour against the pillow whilst lying in bed, he heard something crack in it, and that it had constantly enlarged since this occurrence.

At the time of his admission, there existed a large, regularly-rounded tumour upon the right posterior part of the head, commencing about three-quarters of an inch behind the right ear, and extending to the left of the median line posteriorly. It reached also from the margin of the hairy scalp nearly to the top of the head. It was eight inches from side to side, in either direction, over the most prominent part, and sixteen inches in circumference around the base.

The skin over the tumour was stretched and reddened, but not hot nor tender, and could be moved freely upon the parts beneath. There was no pain or uneasiness in the tumour, except a sense of tension.

It had a *pulsation* distinctly perceptible both to the eye and touch, accompanied by a marked *aneurismal bruit*. The pulsation was not a simple rising and falling of the tumour, but an expansion in all directions.

The right occipital artery could be felt beating strongly and with a distinct thrill. Pressure upon it sensibly diminished the pulsation of the tumour, and pressure upon both occipitals almost entirely destroyed pulsation.

There was no swelling of the glands in the vicinity, and no other tumour about the body. The pulse was regular—the radials were not ossified—and the sounds of the heart were natural. By the 30th, the tumour had rapidly increased in size, the skin over it became reddened and tense, and threatened soon to give way, and it was decided to tie both occipitals. Each vessel was secured on the cardiac side of the origin of the *princeps cervicalis*. After the operation, no pulsation could be perceived, nor could the bruit be heard. The tumour became somewhat smaller and much less tense. Its colour also was much less deep.

In the evening, however, the patient had some fever, and the pulsation returned strongly. On the following day, May 1, the pulsation was nearly as strong as ever, but the bruit was scarcely audible. The tumour was hot, and the skin over it red. Cold was applied by lint dipped in ice-water.

May 3. The tumour was smaller, the pulsation decidedly less; no bruit; the skin less red; no fever. The wound looked well, and had partially healed. The cold was continued, and compression maintained by means of a bandage.

5th. Pulsation was still distinct; the bruit just audible. A small abscess had formed in the left wound beneath the skin, which had united. The evacuation of the pus was followed by a chill and subsequent fever.

7th. Erysipelatous inflammation attacked the tumour, and spread over the whole scalp. The inflammation gradually extended over the face and a portion of the neck, and was attended with great swelling and severe general prostration.

Upon the 14th, the right ligature came away.

16th. The erysipelas had disappeared, leaving the integuments of the tumour cedematous and much reddened. The pulsation remained about the same, but still somewhat less than before the operation. The tumour was covered with collodion daily, with reference to its contracting effect and the support it would afford to the skin.

21st. The remaining ligature came away. There is little or no change in the size of the tumour or its pulsation. The patient's general health is as good as before the operation.

The collodion was constantly applied, and a roller so placed around the base of the tumour as to constrict it and press upon the small vessels supplying it. Small branches of the temporal arteries could be felt entering the tumour, and the posterior auriculars were enlarged. Pressure upon the temporals had no appreciable effect upon the pulsation.

He remained in the house until July 17, when he applied for his discharge, thinking himself sufficiently relieved to attend to some little business. When he left the hospital, the tumour was about the same size as on his admission, but the pulsation and bruit were much less. There was no pain or tension in it, and it showed no disposition to extend itself or to ulcerate. The skin over it was loose, and could readily be moved upon the parts beneath.

In September, he died at the almshouse, and, after the *post mortem* had been made, Dr. N. had an opportunity of examining a section of the head containing the tumour. It had encroached upon the cavity of the cranium, through an opening, with rough and jagged edges, of about three inches in diameter.

The dura mater was pushed into the cranium, and was closely connected by its external surface with the tumour. The internal surface of the dura mater seemed perfectly healthy.

Upon cutting into the tumour, it presented the appearance of encephaloid cancer. The larger part of the section was of that white kind which so much resembles medullary matter, and the remainder had a pinkish-gray tint, indicative of greater vascularity. The interior of the tumour was intersected with numerous dense bands, and in the intervals were several small cysts containing fluid.

About one inch and a half from the tumour, there had been disease and absorption of a portion of the parietal bone. The opening in the bone was one inch in diameter, and seemed to be so regularly circular on one side that it appeared to have been made with a trephine. The pericranium and the dura mater did not seem to be diseased, but between the two there was a reddish material, so soft that it was almost semifluid.

A microscopic examination showed the disease to be cancerous.

Dr. Neill, in his remarks on this case, calls attention to the great want of correspondence in the physical characters of the disease and those revealed by the *post-mortem* examination.

"Here was a pulsating tumour, with perfect aneurismal pulsation and bruit; pressure on the occipitals interrupted the pulsation, and the ligature subsequently destroyed the pulsation and bruit completely. The impression that it was an aneurism was irresistible, and I thought that it was a diffused aneurism. Subsequently, however, to the operation, the pulsation returned, and doubts began to arise as to its aneurismal nature; still, there was no reasonable grounds for such suspicions. Under such circumstances, the attention of any one would naturally be directed to the possibility of its being a disease of the brain or dura mater, which had worn an opening in the skull, and that the pulsation was dependent upon that of the brain; but, if such had been the case, the pulsation would not have ceased upon the application of a ligature to the artery. And, moreover, such extensive disease of the brain or its membranes could hardly have existed so long without producing some functional disturbance.

"Then, again, the subject of pulsating tumours in bone, and osteo-aneurism, would be brought to mind, but yet the position and characters of this tumour would not allow it to be included under this class of diseases.

"The probability of its being cancer often occurred to me, but of course there could be no suspicion of its being a hard cancer or an osteo-sarcoma; and when,

by feeling the tumour, the idea of a soft or medullary cancer was suggested, its pulsation, and the fact that that pulsation was once controlled by pressure upon an artery, at once counteracted the conclusion.

"In fact, the case is a rare one. There is no record that I have yet seen of a *pulsating encephaloid tumour of the occiput*."

*Excision of the Knee-joint for Anchylosis.*—Dr. GURDON BUCK exhibited to the New York Academy of Medicine (Feb. 1, 1854) a patient whose knee-joint he had excised for ankylosis, with deformity. A plaster cast of the limb was shown, which represented its condition before the operation. The leg was flexed at an angle of about  $135^{\circ}$  upon the thigh, and luxated outward so that the tibia was supported on the outer condyle alone, the inner condyle being very prominent inward, with the skin tightly stretched over it. The leg was also rotated outward on its axis, and abducted upon the thigh. A slight degree of motion was still perceptible in the joint.

This condition of things was the result of a gunshot wound, penetrating the joint above the patellæ. The accident had happened about the 20th of April preceding. Severe inflammation and profuse suppuration followed, and openings formed at different points above and below the knee. The limb, having been placed on its outer side, supported by a pillow, had gradually assumed the deformed position represented by the cast. On the 9th day of August, one month after admission into the New York Hospital, the following operation was performed, the patient being under the influence of ether. A transverse incision was made from one condyle to the other, across the lower margin of the patella. A longitudinal incision intersected the middle of this, and extended four inches above and below it. After the flaps had been dissected up, the joint was opened into by an incision across the ligamentum patellæ, at the inferior edge of this bone, and also across the lateral ligaments. The adhesions of the articular surfaces were broken up by forced flexion, very gradually applied. A slice was then removed, with the common amputating saw, from the inferior surface of the condyles of the femur, including the pulley-like surface intervening between. Special care was taken to make this section on a plane parallel with the surfaces of support upon which the condyles rest when the body is erect. The articular surface of the tibia was next removed on a level with the upper extremity of the fibula, after the insertions of the capsular ligament had been dissected up from the posterior half of the circumference of the head of the bone. These broad fresh-cut bony surfaces, which were very vascular and healthy, admitted of accurate coaptation without stretching the tendons and other parts in the ham. To secure them in close contact, and prevent displacement, a flexible iron wire was passed through both bones on either side, and the two ends twisted and left out between the flaps of the skin. The patella, being disorganized and softened, was removed, except the superior margin, which affords insertion to the quadriceps muscle. The flaps of integument were then trimmed and brought together with sutures and adhesive straps, and the limb placed in a fracture-box. The constitutional fever following the operation was moderate, and disappeared within a fortnight. The suppuration never exceeded half an ounce in twenty-four hours. At the expiration of five and a half weeks, the wires, having become loose in their tracks, were removed. No exfoliation of bone was produced by their presence. At the end of nine weeks, the wound had entirely healed, and patient could raise the limb bodily from the bed. A slight degree of motion between the bones is perceptible in the direction of flexion and extension, but none laterally. At the expiration of about three months, patient was allowed to leave his bed and use crutches. He has been steadily improving up to the present time, and now walks with a cane only. There is no longer any mobility between the bones. The difference in length between the two limbs is one inch and a half, which permits the foot to clear the surface of the ground without the body being thrown to the opposite side, as is the case where the length of the ankylosed limb remains the same as that of its fellow.—*New York Medical Times*, March, 1854.



*Radical Cure of Hydrocele.*—Prof. WILLARD PARKER, of New York, recommends (*New York Journal of Medicine*, Jan. 1854), for the radical cure of hydrocele, the local application of the solid nitrate of silver; and he states that this possesses the following advantages over other operations: 1. The ease and safety with which it may be performed. 2. The less liability to severe inflammation. 3. The certainty of success. The following case illustrates the mode of operating, and the results of treatment:—

“Mr. J., aged about 60, an Irishman, waiter by occupation, unmarried, had always enjoyed good health until April last, when he discovered an enlargement of the left scrotum. It had never previously been the seat of any difficulty. The tumour increased so rapidly that, within three weeks, it had become a great annoyance, and prevented him, simply from its size, from continuing at his business. At this time I first saw him, and such had been the rapidity of the growth of the tumour, that it had been mistaken for hernia, and he was wearing a truss. On examination, however, its true character, that of hydrocele, was made out without difficulty; a trocar and canula were accordingly introduced, and a large quantity of water withdrawn, and the patient dismissed. In about three weeks, he again applied for relief, and I proceeded to operate for his radical cure in the following manner: After drawing off the fluid contents of the tumour in the ordinary way, I introduced through the canula a common probe, the end of which was coated, for half an inch or more, with nitrate of silver. This extremity, thus charged with caustic, was carried lightly over the serous surface of the tunica vaginalis, in various directions, and then removed. The patient complained of some pain during this part of the operation. He was directed to keep quiet, for the pain and swelling consequent on the application of the caustic, and apply cooling lotions, should the inflammation be at all severe. He returned home; but, as he suffered but little pain, and the swelling was slight, and as his services could not well be spared, he continued about his business without any interruption. The pain lasted three or four days, when it ceased altogether, leaving the scrotum of its natural size. In this condition, it has since remained, with no symptoms of a return of the hydrocele, the cure having been complete.”

*Common Salt as a Remedy for Intermittent Fever.*—In the No. of this Journal for July, 1852, Dr. W. P. Lattimore called attention to the employment of common salt as a cure for intermittent fever, a practice then recently introduced by MM. Montdezert and Piorry.

Dr. J. C. HUTCHINSON was induced by these representations to experiment with the article, and in the *New York Journal of Medicine* (March, 1854) he relates twenty-two cases of intermittent fever treated by it.

The dose in which it was given varied from eight to twelve drachms during the apyrexia. At first, eight drachms were given, but the amount was subsequently increased to nine, ten, and even twelve drachms in one instance, with obvious benefit. Children required somewhat larger proportional doses than adults.

Mucilage of elm was selected as the vehicle, on account of its convenience, and because it sufficiently disguised the remedy, which was deemed a matter of importance; for it would have lost much of its efficacy, or have been repudiated altogether, had the patients known they were taking simply common salt; as it is well known to physicians that the influence of the mind upon this disease is very considerable. The following was the formula used: *R.* Chloridi sodii  $\mathfrak{z}$ ij; ulmi pulv.  $\mathfrak{z}$ ij; aq. bullientis  $\mathfrak{f}$ viij. Infuse two hours and strain. This forms a saturated solution. Dose, a tablespoonful every two, three, or four hours, so that five or six doses may be taken during the apyrexia. It was not deemed necessary to precede its employment by evacuants, because the patients had recently used such remedies during their former attacks; and, moreover, Dr. H. preferred to use the salt alone, because its real value could thus be better determined. When it is necessary to precede the use of the salt as an antiperiodic, by emetics or cathartics, perhaps there is nothing better for the purpose, in ordinary cases, than the same remedy administered in emetic doses, which will usually produce also moderate catharsis.

In most of the cases the remedy was well tolerated by the stomach, nausea or vomiting having occurred in but four. Four cases also had moderate alvine evacuations, unattended with pain. There was considerable thirst in every case; no other unpleasant effects. When given in the above manner (dissolving it in as small a quantity of water as is possible), it is less likely to disturb the stomach than the same or even a less amount would in a larger proportion of the solvent. The taste was objected to by some, whilst others disliked it much less than quinia.

The following were Dr. Hutchinson's conclusions:—

"I. Although inferior to cinchonia and its preparations, it yet forms a *very good substitute* for them in intermittent fever, having failed, as we have elsewhere seen, to produce a speedy suspension of the paroxysms in 31.8 per cent. of the cases only; in a majority of cases, therefore, it may be substituted for quinia.

"II. It may be used instead of, and, indeed, *preferably* to quinia: First. In cases not unfrequently met with, where the latter remedy is forbidden by the very unpleasant nervous and cerebral symptoms it produces (delirium, tinnitus aurium, cephalalgia, faintness, &c.), an example of which I have recently seen in the New York Hospital, when sulph. copper was substituted. Secondly. Where quinia, from frequent repetition, has lost its effect in ague. Thirdly. It is commended on the *score of economy*, which is a consideration of importance to the poor especially, who are now in a measure debarred from the use of quinia by its high price. And, fourthly. It is always at hand, whilst quinia sometimes cannot be obtained.

"III. It has been found to be *more energetic* in curing ague than any of the vegetable or mineral tonics commonly used for that purpose, excepting bark; and should, therefore, be preferred to arsenic, which has been ranked by M. Andral, Prof. Wood, and indeed most other authorities, next in value to quinia. And, moreover, I think arsenic should never be used until after quinia and *common salt* have failed to do good, on account of its unpleasant and sometimes disastrous consequences to the general system and stomach, and the increased facilities it affords for using the remedy as a toxicological agent."

*Death from Chloroform.*—Dr. DE WOLF, of Chester, Mass., records (*Buffalo Medical Journal*, Dec. 1853) the following case:—

"I was called into an adjoining town in consultation with my friends, Drs. Freeland and Smith. The patient was a young lady of about twenty-five years, of full and vigorous health, and in her second accouchement. I found her dying, but conscious, and obtained from her physicians the following history:—

"Some thirty hours before, Dr. Freeland was called in, and found her in the 'preparatory' stages of active labour.

"For several hours, there was very little development of the case, and the patient became importunate for chloroform, having inhaled it during her first parturition. The doctor explained her present condition, and advised her that *now* was an improper time for the use of it, and, after waiting a few hours, bled her from fifteen to twenty ounces. At this period, the case seemed to have made but little progress, and, after an anodyne of some forty drops of tr. opii, she obtained some rest.

"When she awoke, she complained of pain in the abdomen and loins, and again importuned for chloroform. Strong and full pulse, not exceeding 100; tongue moist and clean; uterine action rather tardy; os uteri yielding; head advanced; pelvis roomy, and no unpleasant symptom. Under these circumstances, the doctor promised her speedy relief, and persuaded her to take a decoction of the ergot. Very soon she insisted on having the chloroform, and sent a messenger for Dr. Smith. The doctor came, and brought, as requested, a small bottle of chloroform, containing, as he believes, not more than  $\frac{3}{4}$ ij. He put it upon a table in sight of the patient, and, while listening to Dr. Freeland's narrative of facts in the case, the patient instructed a female friend to give her the bottle, and refused to give it back.

"She inhaled from time to time, and when told by both physicians that, by persisting in the use of it, she would peril the successful termination of her

labour, and possibly her life, her reply was: 'My pains are quite comfortable.' And in this condition remained about twelve hours.

"Upon a careful examination, no material change in arterial action or nervous power was discovered, but very clearly, as they thought, a promising change in the rigidity of organs, and, the chloroform being gone, they felt confident there would soon be increased uterine action, and a triumphant finishing up of the case. Alas! they were soon to be released, and their patient too. Now it was that absence of all pain, a cold sweat, cold extremities, oppressed and whizzing respiration, receding pulse, and 'vacant glare,' pointed to a sudden and fatal termination. All their friction, hot appliances, and active stimulants, were of no avail. I looked upon the dying woman with feelings of deep sorrow, for in her history I could see nothing, aside from the chloroform, to bring before me such an end, and, hence, I came to the following conclusions:—

"1st. The time of her suffering would not have done it.

"2d. The amount of her suffering would not have done it.

"3d. There had been no rash quackish meddling.

"4th. There was no rupture of vagina or uterus.

"5th. There was no evidence of cerebral congestion from plethora or other cause.

"6th. Patient perfectly conscious, but insensible to pain; and

"Finally. Her death, as it seemed to me, could be chargeable to nothing but the abolition of vital force, from frequent repetition of partial anæsthesia.

"I have said she was perfectly conscious, and here is the evidence: She knew they had sent for me, and, on my arrival, I met the physicians in an adjoining room, and, while listening to the facts above written, there came in a lady and said the patient desired to see me. In surprise, I asked, *how is this?* The answer was, *she is positively dying, but conscious.* As I came into her presence, she anxiously inquired, 'O, doctor! can you take my child and save me?' I very soon assured her I could take the child, and did so. To take the child, was then quite easy—but to save her, was impossible. The child, a fine boy, was dead, and in ten minutes the anxious mother was a corpse."

*Onanism in a Boy Seven Years old.*—The following remarkable case is recorded (*N. W. Med. and Surg. Journ.* Feb. 1854) by Dr. A. GARWOOD:—

The patient was a boy I took out of the county poor-house to live with me, and had him bound by the superintendents of the county poor till he was 21 years of age.

He was seven years old, very fair complexion, light hair, black eyes, a slender delicate frame, and apparently an innocent, sprightly, and interesting child.

I did not suspect him of being a masturbate till I caught him in the act of self-pollution. I then learned from him that he was taught the loathsome practice at school, when but four years of age, and that the habit had become confirmed, and had been growing upon him ever since. I punished him at the time, and gave him a lecture on the consequences of the habit if continued; told him that it would injure his health and mind, that it would make him a weakly, foolish, good-for-nothing boy, that other children would not be allowed to play with him, and that I would take him back to the poor-house. He seemed very penitent, and promised reformation.

Never having had much experience in such cases, I thought the means I had used might possibly cause him to discontinue the filthy practice. But I soon learned that he did not quit it for a single day or night. He commenced living with me in the summer, and the habit grew upon him during the fall and winter rapidly, as was evident from the stains on his linen, from his general appearance, and from his own confession. When he found that he could not conceal the fact from me any longer, he became very bold about it, and seemed to lose all shame and delicacy of feeling on the subject. He stated that he never missed a night but that he indulged in it two or three times, that he engaged in it at the privy, that when he went to school, instead of playing with the other boys, he would sneak off by himself to practice it, and whenever he could get off by himself at any time or place, he was at it. He now de-

clared that he could not, and would not quit it, because "he was so used to it." I could not extort a promise from him to quit it, and he concluded that he would rather go back to the poor-house than to leave off the practice. The symptoms at this time were emaciation, inactivity, did not want to play, but would sit for hours listless and heedless of what was going on; his mind seemed more dull about everything except the gratification of his passion, for which, in seeking opportunities, he showed great acuteness and deception. He was very stiff in his limbs and back, so that it required quite an effort for him to exercise. There was a dark areola beneath the eyes. He could not look a person in the face. Had an excellent appetite, ate heartily, and craved the heartiest kind of food—not having missed a meal during the seven months he lived with me. When kept from it through the day by close watching, he became almost frantic; he would thrust his finger in his nostril, often making it bleed, would rub between the fingers of one hand with the forefingers of the other, and seemed to be perfectly on nettles, as though he could hardly endure it.

But the most prominent and disgusting symptom of all was incontinence of urine. He lost the control of the sphincter of the bladder to such an extent, that immediately after indulging he had to urinate several times, and often kept his clothes saturated half the time, in consequence of being unable to retain his urine till he could get to a proper place to evacuate. He has a great many times wet his pants at the table, and often had to leave it in the middle of a meal to run to the privy, and very often failed to get there in time.

*Treatment.*—After using every moral means in my power, I tried cold bathing, restricting his diet to plain unstimulating food, whipping him as hard as I dared to without injuring the child, blistered his penis till it was all over raw, and, as a *dernier resort*, tied his hands. All these efforts were entirely abortive; whilst his penis was raw he indulged as much as ever, and did not seem to regard the soreness. And when his hands were tied, he would bring on a seminal discharge by friction against his clothes, between his thighs, or between his abdomen and bedclothes, and at last he obtained such command over the abdominal, perineal, and gluteal muscles, in connection with the force of imagination, that he could produce a discharge sitting on a chair in my presence, when there was no motion perceptible. The desire of self-gratification appeared to be constantly in his mind, and I am convinced that he would forego any and everything else, even death itself, before he would quit the practice.

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*Excision of the entire Ulna.*—Prof. CARNOCHAN records (*American Medical Monthly*, March, 1854) a case of inflammation of the ulna, with its consequences—carious ulceration, necrosis and eburnation—in which he excised this bone, and with the preservation of the functions of the arm and hand.

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*Lobelia Inflata in Traumatic Tetanus.*—F. KNOWLES, M. D., Prof. of Practice of Medicine in Iowa Medical College, has employed tincture of lobelia with advantage in three cases of traumatic tetanus. The tincture was given in drachm doses about every ten minutes, until a mitigation of the symptoms became apparent, and then a decoction of capsicum was administered to excite the stomach to emesis. In all these cases the violence of the symptoms subsided after free emesis. The remedy was then continued in small doses, and in a few hours all spasms ceased.—*Iowa Medical Journal*, Feb. 1854.

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*Felt Splints.*—These splints were formerly manufactured somewhere in New England, and were on sale at many of the surgeon's instrument makers. We were in the habit of using them, and with satisfaction, but latterly have not been able to procure them. Prof. FRANK H. HAMILTON remarks, we think justly, that they are, in some respects, superior to gutta serena, and he gives (*Buffalo Medical Journal*, Dec. 1853) the following recipe for making them:—  
 "Dissolve three pounds of gum shellac in two quarts of alcohol. It should be dissolved in a tin vessel, furnished with a tight cover to prevent evaporation. Spread a piece of old or new woollen cloth on a board, and, with a clean brush,

saturate both sides of the cloth with the solution. Hang it up until it is thoroughly dried. Lay it again upon the board, and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will now be three successive layers upon one side, and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now, with a hot flat-iron, smooth and press the surfaces together. When it is cold, a slight rubbing with sand-paper makes it fit for use.

"It becomes a firm, almost unyielding board, but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface."

*Aphonia cured by Electro-Magnetism.*—Dr. F. K. BAILEY relates (*Peninsular Journal of Medicine*, Dec. 1853) a case of aphonia in a female seventy-nine years of age, of four years' standing, completely cured by electro-magnetism.

**OBITUARY RECORD.**—Died in New York, on the 7th of December last, aged 62 years, after a painful illness of many months, THOMAS G. MOWER, one of the Senior Surgeons of the United States Army.

At the suggestion of an esteemed correspondent, we copy from the *New York Daily Times*, of the 11th ultimo, the following just tribute to his memory. Dr. Mower was for many years the chief medical purveyor of the army, and the presiding officer of its Boards of Medical Examiners. His loss to the service, if not irreparable, will be for a long time greatly felt. As an officer and a gentleman he won for himself the respect and esteem of the whole army, and the affectionate regard of every member of the medical staff:—

"The subject of this notice was born at Worcester, Massachusetts, February 19, 1790, graduated at Harvard University in 1810, and, having made choice of the medical profession, entered the office of the late Dr. Thomas Babbit, of Brookfield, Massachusetts, as a student; and, having finished his course of studies, passed an examination, and was licensed to practice his profession. The degree of M. D. was subsequently conferred upon him by the College of Physicians and Surgeons of New York. About the time he received a license to practice, war was declared by the United States against Great Britain, and the young medical student, being of an ardent temperament, and strongly imbued with feelings of patriotism and the love of country, applied for a commission in the medical department of the army. On the 2d of December, 1812, the gloomiest period of that war, he received the appointment of surgeon's mate of the Ninth Regiment of Infantry, of which the late Dr. Joseph Lovell, afterwards surgeon-general of the army, was the surgeon, and immediately after repaired to its head-quarters, then at Burlington, Vermont, and remained with it, serving with distinguished zeal and ability until the close of the war in 1815; having been promoted to the rank of surgeon in 1814. He was present with his regiment, which formed a part of that gallant band of heroes known as 'Scott's Brigade,' whose chivalric deeds and gallant daring will be remembered with pride and gratitude by every true American heart so long as a single shred of the stripes and stars is left to float upon the breeze, and participated in the capture of Fort George, and the battle of Christler's Fields, in 1813, and in the more brilliant and sanguinary affairs of Lundy's Lane and Chippewa, in 1814; being always at his post, and, though belonging to that class of officers known as non-combatants, never shrinking from the place of danger, which was always considered by him the post of honour. At the close of the war, in 1815, he was one of the few surgeons retained in service on the peace establishment; and, in 1818, was found serving with the Sixth Regiment of Infantry, at Plattsburg, New York, then under the command of the late General Henry Atkinson. This regiment was ordered from Plattsburg, in 1818, to establish a new post at Council Bluffs, then an extreme outpost on the western frontier; and it was then that he probably experienced the severest trials to which he was subject during the whole of his military career, as the command, the first winter after its arrival there, became seriously affected by the scurvy, which carried off many men, and left many more in an enfeebled state

of health, from which they never recovered. To see men daily perishing, and others hopelessly ruined in their constitutions, for the want of a few of the simplest remedies, and those remedies not to be had, places the medical officer in charge of a military hospital in the most trying situation known to the profession in the army. Of the officers composing this command—about thirty in number—it is believed there are but three now living. Having served at several military posts on the extreme western frontier, from 1818 until 1822, he was ordered to New York, where he remained on duty as medical purveyor of the army until the time of his death, making occasional tours of inspection, and performing other important detached duties during this period. In the discharge of the responsible and important duties of medical purveyor, no man could have been more skilful, faithful, or efficient; and it will be found no easy matter to supply his place. He spared no pains in procuring the best medical and hospital supplies of every kind, avoiding all favouritism, and never allowing himself to be overreached or imposed upon by those who make it their study to defraud the government. But it was as presiding officer of boards of medical officers of the army, convened from time to time, for the examination of candidates for admission into the army, and those already in the army eligible to promotion, a duty upon which he was always placed, when it was practicable, that he most excelled, and that his services were most useful and beneficial to his department and service. The young and meritorious candidate for examination always found in him a friend who was ready with words of encouragement and the kindest manner to help him through the trying ordeal, while the forward and ignorant pretender found no favour with him, and was never able to impose upon his sound and discriminating judgment. It may truly be said that by his example, admonition, and advice, always cheerful and in the kindest manner imparted to the young and inexperienced members of his department, it owes no small part of its present high standing and efficiency, and it will be many years, it is hoped, before that influence ceases to exist.

“In all the relations of life he was most exemplary and unexceptionable; as a husband, devoted and affectionate; as a parent, kind, indulgent, and most solicitous for the honour and welfare of his children; as a friend, ardent, disinterested, and unchangeable; as a man, upright, punctilious, exact in all his dealings, charitable, and actively benevolent; as a gentleman, affable, polite, courteous, and deferring to his equals, and even considerate of the feelings and interests of those below him in position; as a soldier, jealous of the honour of his profession, firm, decided, and brave, knowing no fear but the fear of a mean action, quick to perceive, and prompt to execute; as a physician and surgeon, mature in judgment, sound in theory, skilful in practice, humane, sympathetic, and self-sacrificing in his efforts to relieve or alleviate the sufferings of his patients; as a Christian, sincere without ostentation, believing in religion as a principle rather to be possessed than spoken of, and practising, rather than professing the Golden Rule. That he has gone to the enjoyment of that reward promised to the just made perfect, no one can doubt who knew his manly, generous nature and many virtues.”

## MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THE Annual Meeting of the Society for 1854, will be held in the Borough of POTTSVILLE, Schuylkill County, commencing on WEDNESDAY, MAY 31, at 11 o'clock A. M. Secretaries of County Societies are requested to send certified copies of the credentials of their delegates to either of the undersigned before that date.

HENRY S. PATTERSON, M. D.,

No. 92 Arch Street, Philadelphia.

ISAAC R. WALKER, M. D.,

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